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Specialty Spotlight



An FMF POMI assignment is demanding, challenging, and expects excellence, which in turn, provides valuable experience, knowledge, and job satisfaction. More on page 9!

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FROM THE MSC DIRECTOR



Greetings MSC Leaders,

In last month's column, I challenged you (and me) to take some time for self-reflection, refine your professional and personal goals, and then identify a proactive path forward. This month's column follows a similar theme, but focuses on the resources available to help you achieve your professional goals while helping others do the same. These resources include our Corps' Career Development Board (CDB) Program and the numerous professional development tools on our milSuite page.

The goals of our CDB Program are to assist each of us to effectively manage our careers, set achievable goals, and meet key milestones. The importance of CDBs cannot be underestimated as this is a forum for the receiving officer to seek guidance and make better informed career decisions, while providing an opportunity for board members to provide seasoned mentorship and guidance to develop our leaders. A true win-win for all!

To date, our Corps has a CDB completion rate of 66 percent for commands and 45% for non-BSO-18 officers. For those involved in getting us to this completion rate, including our command leadership, Specialty Leaders, and CDB Program Managers and Committee, thank you! While I'm thrilled we are doing so well, I ask for your engagement so that all, regardless of location or duty type, participate in a CDB. If you have not received a CDB during this tour, then raise your hand to your leadership. MSC leaders, take advantage of every opportunity to prepare our shipmates for the future – become a force in the leader development continuum.

To assist with CDBs, while also providing a variety of other career management resources, we have a consolidated repository of information on our milSuite site under the link called "MSC Career Development Board (CDB) Program". If you have not visited this site before, I am confident you will find the resources you need.

Whether you are a junior or senior MSC, now is the time to engage! Whether you are seeking the advice of seasoned senior officers or providing mentorship and guidance, each one of you has a role and each one of you has a legacy in the future of our community.

Thank you for "Leading Through Service" and your dedication and commitment to our Corps and each other.



Handwritten signature and number #19

FROM THE CORPS CHIEF'S OFFICE



Thank you to LCDR James Lager for your dedication as Lead to the MSC Webinar Program! Fair Winds and Following Seas!!!

A warm welcome to LCDR Adam Preston, who will be assuming the Lead for the MSC Webinar Program! Welcome Aboard!!!

BRAVO ZULU SHIPMATES!

FY-21 Active Duty Navy LCDR Selections

ALNAV Message 084/20

Date 9/23/2020

<https://www.public.navy.mil/bupers-npc/reference/messages/Documents/ALNAVS/ALN2020/ALN20084.txt>



Adams Joshua Merrill	Arimoto Hanayo	Awa Theodore Chi
Balint Melissa Marie	Beg Raza Pervez	Biggs Adam Thomas
Boca Gean Michael	Brown Sarah C	Cadang Jaimer Galvez
Cade Tawanda Matrish	Cariaga Merilynn C	Caudill Jeffrey Scott
Challacombe Megan S	Coslett Rayma Nicole	Crouch Daniel Joseph
Dang Phillip	Darlow Brodie James	Debotrosclair Emily J
Dyer Ricardo Wayne	Ehrhart Jason John	Ekortarh Emmanuel E
Epstein Noah Max	Espinosa Sherleen Paul	Faulds Marshall Colin
Feroli Michael Anthony	Foss Eric Karl	Garcia Sebastian F
Gibboney Michael David	Gleason Gabriel Sean	Gomez Veronica Ann
Gonzalez Malia Laura	Good Brendan Henry	Griggs Ashley Rose
Hasenstein Kyle Andrew	Hinton Megan M	Holcomb Jeffrey Hunter
Hollie Curtis O Jr	Hout Brittany Allred	Howenstine Katelyn S
Keeley Kevin Joseph	Kidd Joseph Martin	Kline Katherine Drum
Knock Evan Lloyd	Kraynack Timothy J	Lange Kevin Douglas
Leung Serena Mei	Lewis Eric Alan	Luke Matthew Thomas
Mattox Benjamin Keith	Moser Michael Alan	Murr Christopher Quinn
Murray Robert L	Nestor Jennifer Leigh	Neumaier Eric R
Newman Jessica Mary	Nicholson James M	Northington Daniel J
Oh Jeremiah Taejong	Olson Amelia Ross	Olson Christopher B
Oneal Derrick R	Oneil Ryan Patrick	Owens Loreli Lee
Palmer Jason Richard	Phung Thuy Bich	Plitnik Daniel J
Poirier Wesley Joseph	Preston Nathaniel L	Ramirez Fae Lisa
Rapp Krystal Lynn	Regts Gregory John	Reid Fabia Alecia
Reid Kevin Dale	Richards Tony Lee	Richmond Luke C
Rocha Gabriel Jesse	Rodeheffer Christopher	Roth Daniel Robert
Scherl Robert Joseph	Shrader Michael Brian	Smith Rachel Marie
Sowers Daniel Anthony	Tait Rhondie Nicole	Thomas Matthew Zachary
Weir Dawn Lynette	Weisbrod Aaron S	Whitesel Connor Rahill
Williams Skylar Davis	Wilson Christi Marie H	Wong Kent Jiann Dar

CUSTOMS AND HERITAGE

THE PLANKOWNER CHRONICLES: WOMEN PIONEERS OF THE MEDICAL SERVICE CORPS, PART II

BY: ANDRE B. SOBOCINSKI, HISTORIAN, BUMED

On September 20, 1948, 21 women were selected for a regular commission in the Medical Service Corps under the Women's Armed Services Integration Act. All were former WAVES—Women Accepted for Volunteer Enlisted Service—who had served in various capacities in World War II. Sixteen of these pioneers represented various specialties in the Allied Sciences Section. They included some of the Navy's leading microbiologists, biochemists, parasitologists and serologists of the era.

Lieutenant Commander Margaret May Diehm of Reading, Penn., was the most senior of these newly commissioned Medical Service Corps Officers. Diehm entered the Navy in 1942 as a WAVES Officer, over a decade after earning her PhD in biology from the University of Pennsylvania and serving a biology professor at what was then known as the Drexel Institute (later university) in Philadelphia. In World War II, she was attached to the Navy Medical School where she taught bacteriology and parasitology. Diehm would remain a pivotal figure in the Navy's tropical medicine and laboratory training programs throughout her career. On January 1, 1950, Diehm and Mary Sproul were promoted to Commander, becoming the first women to reach this rank in the Medical Service Corps.

Lieutenant Commander Mary Thornton Sproul of Washington, D.C., had entered the Navy in

1942 after several years as a blood plasma researcher at the old City Hospital in Washington, D.C. Her work in the field continued in the Navy and up until 1965—when she retired from service—Sproul was one of the leading blood technologists in the world and helped ensure the purity of whole blood, and blood substitutes like plasma and serum albumin in the military.



LCDCR Margaret Diehm (left) and LCDCR Mary Sproul (right) at the Naval Medical School in December 1948. Diehm and Sproul were among the first women to serve in the Allied Science Section of the Medical Service Corps as well as the first female PhD medical scientists in the Navy.

In the Korean War, Sproul oversaw the shipment of blood into an active combat zone and then later helped the South Korean Army establish a blood bank.

During the 1950s and 1960s, Sproul was stationed at the Naval Hospital Chelsea, and later the

Navy's Blood Research Laboratory in Boston, where she researched methods for long-term preservation of blood and spearheaded the nascent frozen blood program. Lieutenant Margaret "Peg" Stirewalt had obtained her PhD from University of Virginia before entering the Navy as a WAVES.

Initially serving as an Intelligence Officer, she later transferred to the newly established Naval Medical Research Institute (NMRI) in the 1940s where she initiated the Navy's first schistosomiasis research program.

Serologist Lieutenant Frances Spear and microbiologist Lieutenant (j.g.) Lorraine Friedman made important contributions to the field of infectious disease research while based at the Naval Medical Research Unit No. 1 at the University of California, Berkeley. After leaving the Navy in the 1950s, Friedman helped to establish the field of medical mycology at Tulane University.

Sources

Gray, David. *Many Specialties, One Corps. The Pictorial History of the U.S. Navy Medical Service Corps*. Second Edition, 2017.

Heinein, Lucie, et al. "An enduring legacy: Margaret Stirewalt." *PLOS Neglected Tropical Diseases*, August 2017.

"First 288 Women Officers selected for Commissions in the Regular Navy." Department of Navy Press Release, September 20, 1948.

"In Memoriam: CDR Mary T. Sproul." *Navy Medicine Magazine*, May-June 1997.



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FROM THE DETAILERS

As of 23 Sep 2020:

-ORDERS RELEASE UPDATE:

Orders are currently being released through Oct 2020. Due to high volume of order modifications, order processing/release times have been extended. Appropriate adjustments will be employed if lead times affect mission/PCS execution. Retirement/resignation/ accession orders are being released nine months prior to PRD for OCONUS and six months prior to PRD for CONUS personnel.

-NEGOTIATING ORDERS:

We are currently focusing our efforts on members directly impacted by conditional PCS stop. If you are one year or less away from your projected rotation date (PRD) and have not already begun discussing the PCS plan with your Specialty Leader and Detailer, please reach out to them to initiate communication.

-MyNavyPortal: <https://my.navy.mil/index-lb.html> weekly conditions update and PCS waiver.

-NAVADMINs:

<https://www.public.navy.mil/bupers-npc/reference/messages/NAVADMINs/Pages/default.aspx>

-ALNAVs: <https://www.public.navy.mil/bupersnpc/reference/messages/Pages/default2.aspx>

Officer Record Update:

-Naval Officer Billet Code (NOBC): **Detailers cannot enter NOBCs or Subspecialty Codes**

-NOBCs are automatically populated based on how Command has set up the billet.

-NOOCS Manual Volume I, Part C provides information on NOBCs:

<https://www.public.navy.mil/bupers-npc/reference/noc/NOOCSVOL1/Pages/default.aspx>

-NOOCS Manual Vol 2 Appendix E, Provides information on Officer Data Card (ODC) POCs

-POC for NOBCs: MyNavyCareerCenter (MNCC) askmncc@navy.mil Phone: 833-330-6622

-Subspecialty Code POC: LT Nadege Whitfield: nadege.whitfield.mil@mail.mil or Phone: 703-681-5540

-137/20: Publication of BUPERSINST 1610.10E (Evalman) Change One:

<https://www.public.navy.mil/bupersnpc/reference/instructions/BUPERSInstructions/Documents/1610.10.pdf> : Overview below/read entire NAVADMIN: To achieve a warfighting advantage we must instill continuous learning behaviors in our Navy Total Force to broaden and deepen their warfighting knowledge, which will enable adaptation and improvement, and strengthen mission command to out-think and outfight any challenger to American interests. The global environment is complex and rapidly changing and demands the commitment of the Naval Service to continuous learning and acceptance of education as an operational imperative. Reporting Seniors must document: All personal achievements in education and learning that contribute to a culture of continuous learning, improved knowledge and warfighting effectiveness at both the individual and unit level.

-NPC PCS COVID-19 Fact Sheets:

<https://www.public.navy.mil/bupers-npc/organization/npc/publicaffairs/news/Pages/default.aspx>

Useful Websites:

-Centers For Disease Control: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>

-Joint Travel Regulation (JTR): https://www.defensetravel.dod.mil/site/news_Coronavirus.cfm

-DoD COVID-19 Policies: <https://www.defense.gov/explore/spotlight/coronavirus>

-USTRANSCOM Defense Personal Property: <https://www.ustranscom.mil/dp3/index.cfm> or <https://www.ustranscom.mil/dp3/advisory.cfm> (Click: PP Advisories, most recent at bottom)



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PERS SPOTLIGHT

What are Placement Officers?

Placement Officers are the liaison between Navy Personnel Command (PERS) and commands. They ensure all valid/funded command billets on authorized manning document (AMD) are filled (billets vs. bodies) based on community manning levels and billet priority. Billet fill priorities highest to lowest: operational, nominative, geographic numbered fleets, non-headquarters overseas shore duty, non-headquarters CONUS shore duty.

Detailer versus Placement Officer- roles defined:

The Detailer is the Officer's advocate and matches member with best duty station based on career progression, professional growth, billet diversity, rotation date, available billets and needs of the Navy, etc. The Detailer enters/props orders into electronic order writing system, orders are then vetted through multiple reviewers, including losing and gaining commands' Placement Officers.

The losing command's Placement Officer verifies that the member has met time on station and that a backfill has been identified. The gaining command's Placement Officer ensures the member is propped into a valid, funded, unfilled/unencumbered billet and that the Officer meets the requirements of the billet (i.e., correct designator, subspecialty, AQDs, etc.). If there are vacancies in higher priority areas (i.e. operational and overseas), those billets are filled first, while taking into consideration spouse co-location, exceptional family member program (EFMP), limited duty (LIMDU), and other pertinent professional/personal concerns.

So how do Placement Officers fit into the whole "orders" equation?

Placement Officers work directly with command leadership (COs, XO's, and DFAs) to ensure ships, staffs, and commands are adequately manned. Detailers work timing of permanent change of station (PCS) with gaining/losing personnel to ensure minimal billet gaps. The command makes the ultimate decision on the member's actual transfer date. Command leadership validates detachment/backfill plan ensuring no interruption in ability to meet command mission requirements. Command concerns are voiced to the Placement Officer who then relay concerns to the member's Detailer. Commands may not authorize a member's detachment until their relief is onboard. Your projected rotation date (PRD) is determined by the date you reported on board your current command and PERS prescribed tour length for your billet (Sea Duty 2 years, CONUS 36 Months, OCONUS tour length determined by location accompanied/unaccompanied). Extending beyond your PRD by a few months to allow a face to face turnover is rarely an issue, but PCSing prior to your PRD requires a waiver through Assistant Commander, Navy Personnel Command Career Management Department Admiral prior to orders being authorized for release. Occasionally, commands are willing to gap a billet to accommodate an Officer's unique situation. If a gap is acceptable, the member can inform their Detailer and the command informs their Placement Officer to ensure everyone is aware.

Take away:

Understanding roles and responsibilities of the Placement Officer, Detailer, command and constituent when negotiating and executing PCS moves is important to ensure clear communication, reduce frustration while delivering mission success. If you have any questions regarding your command's manning, discuss with your command and if needed, they will contact their Placement Officer. Your Detailer works for you, the Placement Officer works for the command and we all work together to retain talent and deliver mission success.

RESERVE UPDATE

Fellow MSC's,

During this time of COVID-19 affecting most areas of our world, I wanted to offer a unique perspective as the Senior Medical Officer of a deployed expeditionary Battalion of Marines in the INDOPACOM AoR. Since October of last year, I have had the distinct pleasure and challenge of being part of a great medical team providing care for over 950 Marines and Sailors in numerous countries including Okinawa, the Philippines, South Korea and mainland Japan. In these locations, we provided care for the aforementioned Marines and Sailors, but also coalition personnel from host nation militaries and indigenous civilian personnel during the course of more than six major training operations. These operations included Fuji Viper, Northern Lights 19.1, Northern Viper 20.1, Korean Military Exchange Program 20.1 and 20.2, and MASA (Philippines). As you can imagine, providing the medical care was challenging enough, not to mention also acting as the Plans Operations and Medical Intelligence Officer, which is where the impact of COVID-19 for us placed the greatest stress.

In late January, we were located at Rodriguez Live Fire Range, about 20 miles south of the Demilitarized Zone in South Korea. At the time, most of our operational focus was on the potential concerns associated with our North Korean counterparts, but little did we know, China was going to be a bigger player on our horizon. Throughout the end of January, we started to receive reports of an unknown viral infection affecting the area of Wuhan, China. This infection had the earmarks of a variant of SARS, which is known to crop up in the region periodically, but was affecting a much younger population of patients and had a significant number of unknowns associated with it. Within a week, while working with our intelligence section, we were tracking all available information as well as reaching out to the National Center for Medical Intelligence at Ft Dietrich, Maryland. We also started tracking any and all information from the Center for Disease Control (CDC) and World Health Organization. Initially, we did not change anything with our operational tempo, as there were no cases outside China. We did however start to wargame what we would do if it were to breach China's borders and so we started focusing on likely vector locations for the spread. Through our planning sessions, we theorized the primary method would be through direct movement of infected people through airports, so we started not approving any liberty location that was close to an airport. A couple of weeks later, we had our first case in Incheon, South Korea, close to the Incheon Airport. As a result of this, we started daily tracking of local hospital reports. South Korea was a VERY open source for providing community illness statistics, which made looking for potential "hot" spots much easier. When we started seeing potential "flu" like symptoms cropping up in Seoul, we further limited all but mission essential traffic through Seoul - although that was a favorite liberty spot for many Marines. Over a couple of weeks, we kept limiting any Marine movements to all but local bases and isolated regions for training. Compounding our dilemma was the fact that we were training with South Korean Marines from throughout the region who had no restrictions on their movement, so we started checking twice daily temperatures and separating anyone with fever away from anyone else. Thankfully, this two-week period did not cause any cases of concern.

We were expected, by late February, to transit out of South Korea via military air transport and High-Speed Transfer (HST) Vessel on the USNS Guam. But later in February, South Korea had a significant outbreak of COVID near Daegu, which affected the base at Camp Walker and was only an hour west of our transfer location at the port near Camp Mujuk. When we arrived at Camp Mujuk, we immediately self-quarantined our own personnel. We tried to build an incredibly strict preventative medicine regiment to prevent exposure of any kind. Around this time, Japan started issuing travel restrictions for any people coming from Korea. When we arrived in Camp Mujuk, we were just another transiting expeditionary Battalion, but within a week, I was one of the senior ranked Medical Officers for all Marine Corp operations in the Korean Peninsula and was tasked with working with Camp Mujuk staff to develop a base defense plan to prevent the transfer of COVID onto the base.

Continued on next page...

Share your photos, sea stories, and BZs to **THE RUDDER**

Submit them through your chain of command to: [MSC Corps Chief's Office](#)

Questions or comments? Email us at usn.ncr.bumedfcbva.list.msc-corps-chiefs-office@mail.mil.

RESERVE UPDATE

Our initial task was implementing limitations on the movement of civilian construction contractors on base to areas only where they would not come in contact with military personnel. Eventually within a week, we stopped all civilians from entering the base and limited off base movements to essential trips for gas and food. We also cancelled all food being delivered to the bases by outside restaurants. We started to plan, in case we had to, to “hunker down” by filling and rationing gas, water and sanitation needs. We purchased large quantities of bleach and built 5% bleach solution disinfectant bottles for public areas. This allowed us to start a twice a day base wide disinfection of all public areas to include ATM’s, Exchange areas, the gym and anywhere considered a high contact, high traffic area. Finally, we started cleaning and disinfecting living spaces and barracks daily and limiting on bases restaurants to take out only.

It should be mentioned that prior to arriving at Camp Mujuk, we had a Marine develop a strangulated hernia and utilizing our “hot” spot intelligence, we were able to steer his medical care to a Tricare approved hospital that had the lowest incidence of “flu” cases and thus, reducing the likelihood of patient exposure to COVID. The hospital was super responsive to our concerns and placed the patient in an isolation room and all personnel entered and left utilizing a gowning, de-gowning process. Once the Marine was released from the hospital however, we immediately placed him and his non-medical attendant in self-induced quarantine away from anyone else in the Battalion for 14 days. This quarantine included twice daily temperature checks and assessments for any symptoms. Thankfully, he was able to rejoin the Battalion without incident.

As Japan’s restrictions started to mount, we became even more focused on checking twice daily temperatures on all 543 members of the Battalion that were on site with us. These measures combined with the strict preventative medicine procedures employed, allowed us to convince the III MEF’s leadership that we were able to continue with our movement plan to re-aggregate our Battalion in Okinawa. In early March, we accomplished this when the final 323 personnel arrived at Naha Port on board the USNS GUAM. After a port-side screening procedure by the local medical unit and preventative medicine team from Camp Foster, we were permitted to return to our home base of Camp Schwab, Okinawa. Our strict adherence for preventative medicine procedures not only allowed us to circumvent a potential disastrous quarantine in South Korea, but also became standard operation procedure for other III MEF units moving around the area of operation (AO).



Okinawa, Japan: CAPT LaCourse promotion ceremony presided over by Commanding Officer LtCol Clinton Cummings one month before the 75th Anniversary of the invasion of Okinawa.

Finally, in late February, we became acutely aware that even if we managed to get back to California for demobilization, there would be significant impacts on our ability to complete our demobilization medical requirements. So, we planned for and started on a course of action that would allow us to complete nearly 100% of the demobilization requirements while constantly on the move.

Continued on next page...

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RESERVE UPDATE

In three weeks, working 12-16 hour days, two medical providers saw over 866 physical exams for DD2807/DD2808 as well as screened and adjudicated 966 ePHA's. Once we arrived in Okinawa, we completed the last 100 of our physical exams. We also were able to work with the local team to complete nearly 95% of our Tier two Dental screenings as well as all HIV/Serum blood draws for 966 personnel. As of writing this letter, we have completed almost our entire demobilization requirements while constantly shifting plans as a result of COVID. I have to tell you it is exhausting. Now we face another 14 days of quarantine once we arrive in California later next month, but hopefully by then, all of our medical administrative requirements will be completed as well. These requirements include scanning all patient records and uploading them into AHLTA with the assistance of 7th Regiment Medical team, whom we fall under, back at 29 Palms.

I have to say that despite all the challenges we have faced, I have been fortunate to lead an amazing medical team comprised of 50 Hospital Corpsmen, 2 Independent Duty Corpsmen and 1 great Medical Officer. We have met every challenge we have faced with both knives drawn and have been fortunate to come out ahead in every instance. When we first started this mobilization, we adopted the motto: "Fortuna favet paratus", which means "fortune favors the prepared", which I would say we have been lucky to accomplish during this mobilization.

One of the biggest stressors, for our Battalion, is not getting COVID so much as worrying about our families back home and the worry associated with their welfare when we cannot be there with them. It looks like it will be another couple of months before we can finish our mission, navigate the quarantine hurdles being thrown at us and return to be with our families. I know as a father of four and the husband of an amazing wife for more than 23 years, I constantly worry about them and others in my community.

Please be safe and God Bless,

Very Respectfully,
Anthony LaCourse PA-C
CAPT, MSC, USN
Senior Medical Officer - UDP 20.1



Okinawa, Japan: CAPT LaCourse addressing the Battalion Formation for 1st Battalion, 25th Marines. (Photos taken prior to COVID separation rule)

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Submit them through your chain of command to: [MSC Corps Chief's Office](mailto:MSC_Corps_Chief's_Office)

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SPECIALTY SPOTLIGHT:

PLANS, OPERATIONS AND MEDICAL INTELLIGENCE

BY: CDR BOBBIE J. TURNER

The hallmark of the plans, operations and medical intelligence (POMI) community has always been, and always will be, the professional men and women assigned to ships, squadrons, battalions, stations, staffs, and military medical treatment facilities (MTFs) around the globe. Yet each successive year requires a higher degree of intellect, training, and experience from these professionals. POMIs are the most diverse subspecialty within the Medical Service Corps (MSC). There are over 16 different specialties that have the 1805 as either a primary, secondary, or tertiary representation. POMIs welcome the diverse knowledge of Health Care Clinicians, and Scientists along with Administrators to cultivate, network, and learn from each other.

As we cultivate new planners with increased technical skills, education, and experience, our community continues to be challenged by a legacy manning system that requires our professional degrees and training to be based in healthcare administration.

The evolution of MSC specialists known as medical operational planners in support of the Fleet and Fleet Marine Force began in the early 20th cen-

tury. Principally as military and administrative experts, medical operational planners were – and remain today – dedicated to supporting the Navy and Marine Corps operational forces. In turn, the disciplines formalized with the creation of the POMI specialty in 1991. The reserve component followed in 1998.

Navy Medicine formalized the field of medical operational planning following World War I with the creation of the Division of Medical War Planning within the Bureau of Medicine and Surgery (BUMED) in 1924. The purpose of the Division of Medical War Planning was to study Navy Medicine's experience in the war by formulating basic doctrine and procedures for the provision of health service support in future wars.

Following World War II, combat service support initiatives were neglected. With the rapid onset of the Korean War, combat health service support courses were convened at both Camp Lejeune and Camp Pendleton in 1950 and 1951 respectively. Thousands of hospital, medical, and MSC personnel trained in Marine Corps organization, doctrine, combat casualty care, and field medical supply at the newly established Field Medical Service Schools.

In the post-Cold War era, the Navy and Marine Corps rapidly redefined their missions. There was more emphasis on littoral warfare, operational maneuver, and military operations other than war. The Naval Services devised flexible mission capabilities, including humanitarian and disaster relief operations, all of which had significant medical components. Naval medical operational planners have played pivotal roles in shaping Navy Medicine's capability to support the Navy and Fleet Marine Force.

In the late 1990s and early 2000s, POMIs had found themselves involved in numerous operations, from peace-

Subspecialty Code: 1805
Active Duty End-strength
Primary: 140
Secondary: 100

Billet types / opportunities:

- BSO-27 (USMC) = 62% of Primary POMIs / Billets
- BSO-60 & 70 (USFFC & CPF) = 20% of Primary POMIs / Billets
- BSO-18 (BUMED) = 4% of Primary POMIs / Billets
- HQ Staff (OPNAV, DHA, OSD, SEC NAV, TMO), Joint & NATO = 7% of Primary POMIs / Billets
- Combatant Command = 5% of Primary POMIs / Billets
- Other = 2% are the billets listed below:
 - * Director's Training (DUINS) = 5 opportunities annually:
 - OPNAV
 - USFFC
 - Joint Staff
 - The Medical Officer of the Marine Corps (TMO)
 - Global Health Engagement (GHE)
 - * War College = annually
 - X2 JPME-1 (Command and Staff)
 - X2 JPME-2 (Senior War College)
 - * CO/XO opportunities / milestone billets
 - * Individual Augment (IA) opportunities
 - * Off-ramping POMIs to 1800 HCA billets



United Arab Emirates: Native Fury 2020 was a Joint Chief of Staff exercise on Maritime Prepositioning Force and Joint Logistics Over the Shore operations. POMI Officers like LT Eric "Manny" Manuel played integral roles in planning and execution of the Health Service Support for both the exercise and real life cases.

keeping to humanitarian, as well as war fighting. Following the disasters of September 11, 2001, POMIs were deployed in support of Operation Enduring Freedom (OEF). Several found themselves in Afghanistan with Marine Corps forces, as well as afloat and assigned with the combatant commands. One was even deployed with special operations forces to the Philippines.

Continued on next page...

SPECIALTY SPOTLIGHT:

PLANS, OPERATIONS AND MEDICAL INTELLIGENCE

BY: CDR BOBBIE J. TURNER

With the introduction of Operation Iraqi Freedom (OIF) into the Global War on Terrorism, POMIs were once again at the forefront of Navy Medicine. Many served with Marine Corps units in Kuwait and Iraq, while others contributed from their posts with combatant and component commands, afloat units such as USNS Comfort, amphibious ready groups (ARGs) and Marine expeditionary units (now referred to as Expeditionary Strike Groups), and the deployed fleet hospitals. Reserve POMIs were also activated during this time to serve on joint task forces, on combatant command staffs, and to fill NATO requirements.

During OIF, an enhancement to rapid medical care that benefitted the forward deployed warfighter was the introduction and utilization of the Forward Resuscitative Surgical System.

The POMI community played a key role in the development and implementation of this capability, which was battle tested by the Medical Battalions of the Marine Corps in Iraq.

The Joint POMI

Operating in a pandemic environment, in an evolving world with near-peer competitors, the POMI community requires individuals who can navigate a wide range of problem sets and work with a broad variety of people from very diverse cultural and organizational backgrounds. POMIs are filling critical jobs at strategic levels around the globe, supporting 4-Star Generals and Admirals in decision-making that has global impact, and participating in operational planning. The diversity of offices and organizations within the Joint Staff in Washington, D.C. presents a wide array of functions and responsibilities. The Medical Planner and the POMI Directors Training (fellow) assigned to the Joint Staff Surgeon's Office interacts with the services and combatant commands, providing medical input to identify gaps and seams in operational plans. These POMIs also have a direct role in re-writing and updating publications, to include the Joint Publication 4-02 on

Joint Health Services. Additionally, Joint Staff Medical Planners provide information for activities involving politico-military affairs and defense in the Western Hemisphere and NATO.

POMIs also work in senior medical planning positions on joint staffs and in combatant commands worldwide. The varying functions and expertise include ex-



Manama, Bahrain: CO-MUSNAVCENT Medical LNOs to the Bahrain Ministry of Health, LT Shannon Jackson, GHE/POMI, MSC, and LT Dominic Chambers, ER Nurse, NC, work alongside Ms. Qadar Alansari, Office of the First Deputy Prime Minister of Bahrain as part of the Bahrain National Task Force for Combatting the Corona Virus.

ploring new concepts and doctrine by supporting the research and development, and acquisition of new technologies and capabilities as well as providing medical direction and guidance to the NATO HQ Medical Advisors (MEDADs), primary medical staff, and deployed medical units. Simultaneously coordinating all medical functions at the strategic level which includes a 360 degree medical oversight and situational awareness of exercise and real-world operational planning. Additionally, POMIs provide medical input to strategic planning, policy, capability, development, force generation, resource asset management and implementation, and training and exercises. POMIs operating in a Joint environment have the opportunity to work closely with team members from all services and with international partners, making for a truly well-rounded tour.

The Fleet POMI

In day-to-day operations, fleet medical planners have been at the forefront of combating pandemics to building relationships with allies in order to strengthen the coalition for future warfighting environments. Every mission, operation, and exercise requires a medical footprint and with that, the medical planner must understand the tactics and techniques of Naval Warfare.

POMI positions in the Numbered Fleets and Type Commands (TYCOMs) integrate into current and future operations planning. To develop these skills, required courses such as the Maritime Staff Operators Course (MSOC) and The Maritime Operational Planners Course (MOPC) provide the core planning competencies for these positions. The medical planner at the TYCOM is responsible for manning, training, and equipping the Fleet. These positions are imperative to resource current and future exercises and operations with medical capabilities that meet Fleet requirements. The TYCOM planner must be able to forecast and restructure fleet capabilities based on current medical requirements, and plan for new maritime concepts such as Distributed Maritime Operations (DMO) and Expeditionary Advanced Basing Operations (EABO).

Continued on next page...

Subspecialty Code: 1805

Reserve End-strength

Primary: 44

Secondary: 19

Tertiary: 11

Billet types / opportunities: 49

- BSO-27 (Program 9) = 8
- BSO-60 (COMUSFLTFORCOM) = 8
- BSO-70 (COMPACFLT) = 14
- BSO-18 (BUMED) = 12
- BSO 11, 14, 28, 29, and 88 = 7

SPECIALTY SPOTLIGHT:

PLANS, OPERATIONS AND MEDICAL INTELLIGENCE

BY: CDR BOBBIE J. TURNER



The Numbered Fleet planners function at the tactical level, executing missions such as Freedom of Navigation and Theater Security Cooperation initiatives. These planners have significant impacts on assisting in the development of partner nation relationships, medical logistics and real-time response across the spectrum of warfare, humanitarian assistance and disaster relief, and all medical hazards.

At the component level, the planner has a unique opportunity to bring the strategic and tactical together, for an operational approach to warfare. Planners write the annexes for the Operational Plans, Concepts of Operations, and work to set the theater from the component level to posture for current and future warfighting plans. The component also assists the subordinate Numbered Fleets and TY-COMs with current and future requirements.

Medical touches all facets of the Fleet; the POMI must be readily available, steady, and present no matter what the situation. As a POMI, it is an opportunity, and a challenge, to be at the forefront of shaping the future of the medical force.

In the transition back to the maritime domain, it is a time of transformation for Navy Medi-

cine and an opportunity and a challenge for medical planners.

The USMC POMI

The Fleet Marine Force (FMF) offers a wide array of opportunities for POMIs; in fact, billets assigned to the FMF account for over sixty percent of the POMI billets. The personal growth, leadership, and professional development that one will earn from an FMF experience will yield job satisfaction like no other. At the tactical level, POMI assignments within the FMF range from a Battalion, a Regiment, and Staff Action Officers, to Company Commanders at the Medical Battalions, to working independently as the medical planner assigned to a Marine Expeditionary Unit or Special Purpose Marine Air Ground Task Force. As POMIs gain more experience, POMI assignments at the mid-to-high operational level, range from Headquarters Elements of a Marine Expeditionary Force, Marine Division, Marine Air Wing to the Marine Logistics Group. Senior POMI assignment with the FMF include, opportunities to work directly with partner nations through Theater Security Cooperation engagements at the strategic, Marine Forces component level, Combatant Commander level, or numerous other billets that afford growth, experience, and leadership opportunities.

POMIs are often performing in a one-of-one capacity within the Marine

Corps, which places a burden of responsibility on the individual. POMIs assigned to the FMF is an experience not for the faint of heart; cozy, comfortable, and cushy are the antithesis. An FMF POMI assignment is demanding, challenging, and expects excellence, which in turn, provides valuable experience, knowledge, and job satisfaction. Senior mentors will always tell you “you should be uncomfortable and scared about your next assignment.” By experience, performing at the level in which the Marine Corps expects, one will find that it will be one of the most rewarding tours.

A successful FMF POMI will never plan to the 90% chance of mission success, but to the 10% chance of failure.

Conclusion

POMIs have long been active participants in the Naval Services. They continue to be a strong and vital link between BUMED and with functional and combatant commands, OPNAV, the Joint Staff, the Fleet, and the Marine Corps. This utilization of POMIs has dissolved the distinction between the two entities so that all medical personnel are One Navy Medicine.

Today, the POMI community finds itself with members still afloat, forward deployed and working lessons learned and at the major combatant commands, while still actively engaged in combat operations in the Global War on Terrorism.

POMIs are serving in very senior positions as ‘By Name Requests’ or special assignments outside of the formal Navy Medicine structure. Currently, this list includes: a senior POMI as the NATO medical section head; a senior POMI at the Office of the Secretary of Defense, Special Operations/Low Intensity Conflict; and a POMI with the Defense Intelligence Agency, just to name a few.



DSCA's RESPONSE TO COVID-19

LT Michael Cunningham and LCDR Terence Cusack are representing Navy Pharmacy and Navy Medicine as part of NORTHCOM's Defense Support of Civilian Authorities (DSCA) response to COVID-19. Based out of Navy Medicine Readiness Training Command Pensacola, they are part the U.S. Navy's Acute Care Team (ACT) currently mobilized to assist with the surge of COVID-19 infections, which have overwhelmed the resources at Valley Baptist Medical Center (VBMC) in Harlingen, Texas.

As clinical pharmacists, they work behind the scenes processing the daily medication orders for VBMC. Every medication order for these medically complex patients is reviewed by a pharmacist for drug interactions, therapeutic response, safety, etc. It is not a population just dealing with COVID, but a complex mix of obesity, diabetes, and hypertension. Most of their day is spent working with physicians, nursing, and other medical professionals providing pharmacotherapy consultation, medication, and dosing recommendations. The vast amount of orders includes a daily verification of an average of 3,500 medication prepacks for medical wards plus another 4,400 individual medications comprising of sterile intravenous (IV) compounds, and scheduled medications for treatment.

In response to the international medication shortage, pharmacy has had to find alternatives to medications on backorder due to the global supply chain disruption. IV "push kits" have been created in substitution of industry's previously supplied unit dose syringes of emergency medications (e.g., epinephrine, lidocaine, and sodium bicarbonate). LCDR Cusack explained, "The importance of these IV "push kits" we are creating on a daily basis cannot be overstated. These emergency medications are used in Acute Cardiac Life Support (ACLS) codes, of which VBMC has experienced over 300 in the month of July alone and have directly contributed to approximately 180 lives saved."



Valley Baptist Medical Center (VBMC), Harlingen, Texas. Pictured (L-R): Pharmacists LCDR Terence Cusack and LT Michael Cunningham as part of NORTHCOM's Defense Support of Civilian Authorities fight against COVID-19.

Like many hospitals around the nation, VBMC is engaged in clinical trials of several potential COVID treatments requiring a clinical pharmacist to provide infectious disease consults.

How has it been working out in Harlingen? LCDR Cusack commented, "The community is strong and close knit and I am glad we can offer some reprieve. They have had to contend with a pandemic and the recent hurricane. Most of the hospital staff have worked more than 30 days straight and some have damage to their homes after the recent storm." Hurricane Hannah made landfall on July 25th with rain and wind gusts of 100mph, leaving much of Harlingen without power.

With all that said, LT Michael Cunningham and LCDR Terence Cusack are both proud to be part of Navy Medicine and honored to be making a positive impact in the fight against the COVID-19 pandemic.

ON THE FRONT LINES: LT APPLING

LT Xarviera Appling was recently interviewed and featured in the “On the Front Line” series created by Marine Corps Air Station Cherry Point’s Strategic Communications Command; Facebook link below. Navy Medicine Readiness Training Command Cherry Point has been on the front lines of the battle against COVID-19 since the beginning.

LT Appling is the Environmental Health Officer at Cherry Point, her Preventive Medicine team has been handling the tracking of those who are tested, conducting the contact tracing for those who result positive, and maintaining a partnership with the health departments in the Eastern North Carolina area.



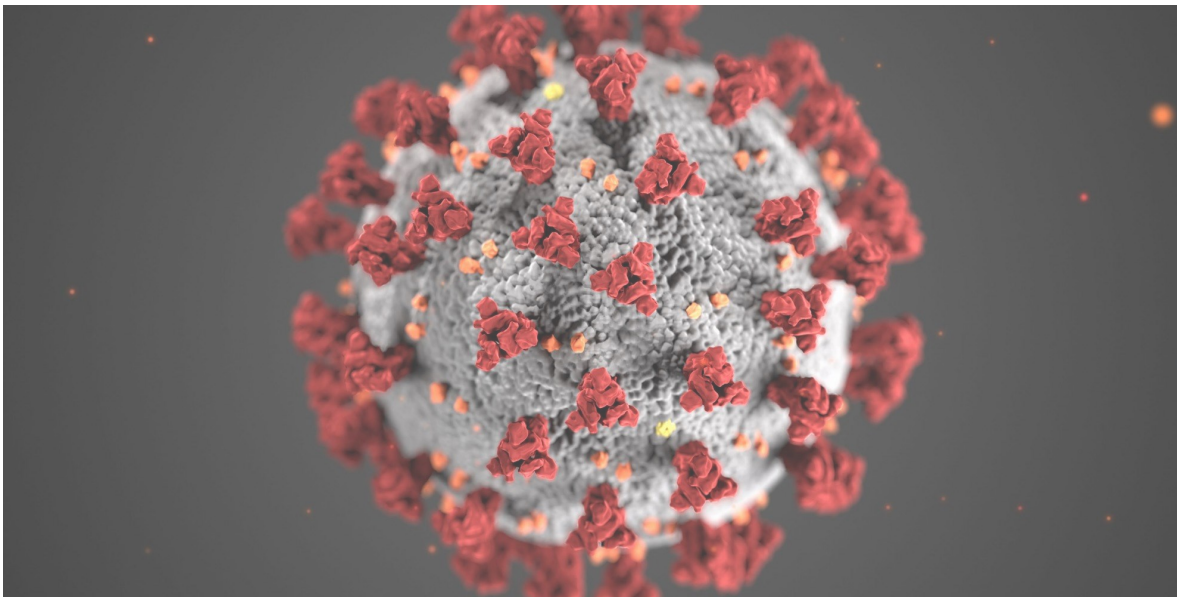
Naval Health Clinic Cherry Point, NC: LT Xarviera Appling, MSC, Environmental Health Officer donned in personal protective equipment.

“The fight against Coronavirus disease 2019, commonly referred to as COVID-19, has been a long and tiring combined effort from some of our nation’s best medical professionals without an end in sight. Tirelessly, medical personnel have been grinding away to diagnose and treat any and all persons that have come in contact with the virus.

Here at Marine Corps Air Station (MCAS) Cherry Point, North Carolina, it is not any different. The medical staff at Naval Health Clinic Cherry Point (NHCCP) have been on the front lines of the battle against COVID-19 since the beginning. Check out below how LT Xarviera Appling, Environmental Health Officer at Naval Health Clinic Cherry Point, shares her experience during these difficult times.” (U.S. Marine Corps video by LCpl. Jacob Bertram)

Facebook Link:

<https://www.facebook.com/175324484418/posts/10158757546009419/?extid=npvBzY8MnrkoC8aD&d=n>



Questions or comments? Email us at usn.ncr.bumedfcbva.list.msc-corps-chiefs-office@mail.mil.

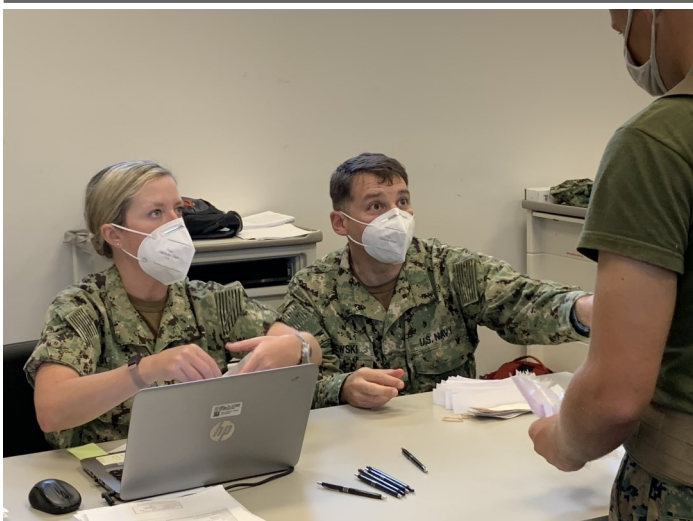
MSCs IN FOCUS



New Orleans, LA - USMC, 4th MARDIV: BZ to LCDR Anna Keller on achieving her FMF pin. Pictured (L-R): LT Michael Runels, 4th MLG HSSO; LCDR Anna Keller, 4th MARDIV Psychologist; CDR Prasad B. Diwadkar, MARFORRES Deputy Surgeon.



Republic of Korea. Pictured (L-R): LCDR Jessica Woody, Patient Admin; LT Yeong Kim, Logistics; LT Christine Medina, HCA stand in front of the United Nations (UN) Korea Headquarters at Camp Humphreys as part of Combined Command Post Training (CCPT) along with US Army and Air Force participants helping UN mission to support the Republic of Korea.



Parris Island, SC: LT Dawn Weir, Microbiologist at Marine Corps Recruit Depot.



Parris Island, SC: LCDR Stephen Lizewski, Microbiologist at Marine Corps Recruit Depot.

Got photos?

Route your requests via your chain of command and send them to the Corps Chief's Office with the following information:

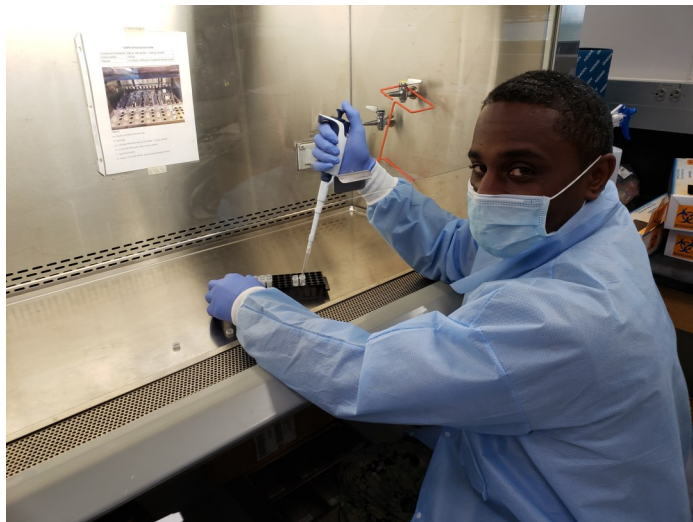
1. Location of picture
2. Rank/Full Name/Specialty of all Officers in picture
3. Suggested caption

Questions or comments? Email us at usn.ncr.bumedfcbva.list.msc-corps-chiefs-office@mail.mil.

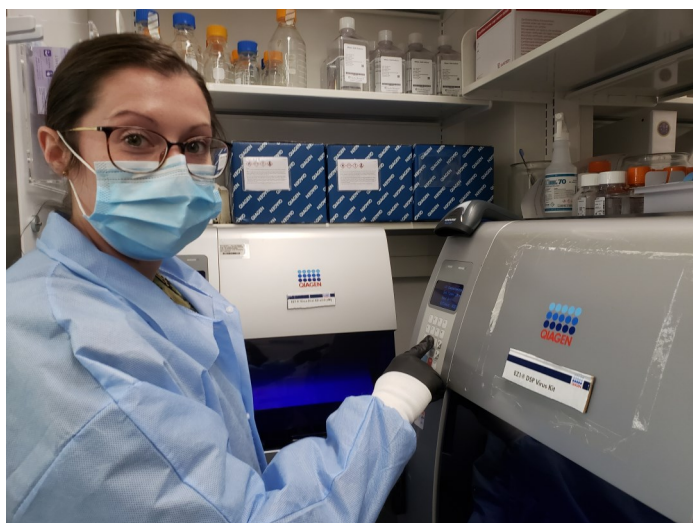
MSCs IN FOCUS



Silver Spring, MD: Microbiologists from the Naval Infectious Diseases Diagnostics Laboratory (NIDDL) and Naval Medical Research Center (NMRC). Pictured (L-R): LT Meghan Schilling, LT William Graham, LT Hugo Miranda-Quijada, and CDR Mark Simons,.



Silver Spring, MD - LT William Graham, Microbiologist at the Naval Infectious Diseases Diagnostics Laboratory (NIDDL) and Naval Medical Research Center (NMRC).



Silver Spring, MD - LT Megan Schilling, Microbiologist at the Naval Infectious Diseases Diagnostics Laboratory (NIDDL) and Naval Medical Research Center (NMRC).



Silver Spring, MD - CDR Mark Simons, Microbiologist at the Naval Infectious Diseases Diagnostics Laboratory (NIDDL) and Naval Medical Research Center (NMRC).

MSCs IN FOCUS



Koror, Palau. Pictured top (Left): LT Ray Martinez, Environmental Health Officer, receives a coin of appreciation from the Secretary of Defense, Hon. Mike Esper, for his outstanding performance during his deployment with Task Force Koa Moana-20. LT Martinez led the Task Force in Subject Matter Expert Exchanges (SMEE) and was instrumental in all COVID-19 prevention and mitigation efforts, which allowed the Task Force to deploy to Palau from Camp Pendleton, CA.

Koror, Palau. Pictured top (Right): LCDR Alexander Alba, Emergency Medicine PA and LT Ray Martinez, EHO after completing SMEE at Belau National Hospital while deployed with Task Force Koa Moana.



Koror, Palau: LCDR Alexander Alba, Emergency Medicine PA and Registered Respiratory Therapist (RRT), with Medical Doctors at Belau National Hospital after facilitating a discussion on mechanical ventilation and its role in COVID-19 patient care.

MSCs IN FOCUS



Millington, TN - NSA Mid-South. Pictured (L-R): LCDR Anna Rosendahl, HCA; CDR Ronald Montgomery, Physical Therapist; LTJG Jeremy Lucas, HCA; CAPT Raymond Stiff, Industrial Hygienist; CDR Janiese Cleckley, HCA; LCDR Richard Fail, HCA; CAPT Raymond Bristol, HCA; CDR Kevin Starkey, HCA; CDR Hristos Tsingelis, EHO; CDR Robert McMahon, HCA; LCDR Jennifer McNab, HCA; CAPT Shane Vath, Physical Therapist; LCDR Diana Tran Yu, HCA & Pharmacy.



Millington, TN - NSA Mid-South. Pictured front row (L-R): LTJG Jeremy Lucas, HCA; CAPT Raymond Stiff, Industrial Hygienist; CDR Janiese Cleckley, HCA; LCDR Richard Fail, HCA; LCDR Jennifer McNab, HCA; LCDR Anna Rosendahl, HCA; CAPT Shane Vath, Physical Therapist; LCDR Diana Tran Yu, HCA & Pharmacy. Back row (L-R): CDR Ronald Montgomery, Physical Therapist; CAPT Raymond Bristol, HCA; CDR Kevin Starkey, HCA; CDR Robert McMahon, HCA; CDR Hristos Tsingelis, EHO.

IN MEMORIAM

June 2, 1959



August 22, 2020

James R. Cassata
CDR, MSC, USN (Ret.)
Radiation Health Officer

James R. Cassata, CDR, MSC, USN, a resident of Collegeville, Pennsylvania since 2014, died on August 22, 2020 at the age of 61 after a heroic battle with non-Hodgkin's lymphoma. He was born in Buffalo, New York on June 2, 1959.

CDR Cassata earned a PhD in Nuclear Engineering from the University of Maryland, an MS in Mechanical Engineering from the University of Central Florida, and a BS in Chemical Engineering from the University of South Florida. In 2002, he became a Certified Health Physicist. CDR Cassata's naval career began in 1987 and ended with his retirement in 2012.

CDR Cassata served as an Assistant Professor in the Department of Radiology and Radiological Services at the Uniformed Services University of the Health Sciences (USUHS) in Bethesda, Maryland. He was extensively involved with providing Radiation Health Protection Support for Operation Tomodachi, the U.S. Department of Defense (DoD) humanitarian relief effort for the people of Japan suffering from the March 11, 2011 earthquake and tsunami that devastated much of the east coast of Japan. CDR Cassata was instrumental in developing DoD's radiation internal monitoring program in Japan that resulted in over 8,225 military, federal civilian employees, and their dependents being monitored for internal intake of radioactive material. He was part of a six member, joint military service working group that completed the upper-bound dose calculations for over 75,000 DoD affiliated individuals, including unborn children, who were living or working in or around Japan during the months following the earthquake. CDR Cassata was awarded the Navy Legion of Merit for this critical work.

Continued on next page...

IN MEMORIAM

Prior to his USUHS tour, CDR Cassata served in a variety of other positions including Officer in Charge of the Radiological Affairs Support Office in Yorktown, Virginia; Head of the Non-Ionizing Radiation Protection Branch at the Bureau of Medicine and Surgery in Washington, DC; Director of the Radiation Health Division at the Portsmouth Naval Shipyard in Kittery, Maine; Science Advisor for the Naval Dosimetry Center in Bethesda, Maryland; Assistant Professor in the Naval Architecture, Ocean, and Marine Engineering Department at the U.S. Naval Academy in Annapolis, Maryland; and Division Director of the Nuclear Physics Department at the Naval Nuclear Propulsion School in Orlando, Florida. CDR Cassata was perhaps best known during his naval career as the military scientist who designed and co-implemented the DT-702/PD, a four element LiF:Mg,Cu,P phosphor occupational radiation dosimeter. The DT-702/PD was implemented in 2002 and continues to monitor more than 60,000 personnel annually for occupational exposure to ionizing radiation.

In 2012, Dr. Cassata assumed the role as the Executive Director for the National Council on Radiation Protection and Measurements (NCRP) in Bethesda, Maryland and served in this capacity until 2014. In addition to serving as NCRP's Executive Director, Dr. Cassata was a member of the scientific committee that produced NCRP Report No. 166, *Population Monitoring and Radionuclide Decorporation Following a Radiological or Nuclear Incident*.

In 2014, Dr. Cassata joined the Nuclear Regulatory Commission (NRC) as a Health Physicist in the Division of Nuclear Materials Safety, Region I, King of Prussia, Pennsylvania. He performed a wide range of inspections and licensing activities of NRC licensees focusing on radiological safety and security. In 2015, he was named the Division of Nuclear Material and Safety Employee of the Year. In 2016, he was recognized for Outstanding Professional Achievement.

Dr. Cassata was a Plenary Member of the Health Physics Society (HPS) since 1996 and served on their Standards Review Committee since 2004. He was a member of the HPS technical working group for the revision of ANSI/HPS N13.32, Performance Testing of Extremity Dosimeters. He served as one of six national Inspectors for the National Voluntary Laboratory Accreditation Program in Ionizing Radiation Dosimetry Program from 2000-2007. In 2002, Dr. Cassata received the Volunteer of the Year Award for his work in running the exam review course from the Baltimore-Washington Chapter of the HPS. He also served as President of the Military Health Physics Section of the HPS from 2017-2018.

Dr. Cassata is survived by his wife Lisa. He was a wonderful husband, brother, uncle, and friend. He will be missed by all who had the pleasure of knowing him and working with him. His significant contributions and legacy in the Radiation Health Officer community, the U.S. Navy, DoD, and the federal government will not be forgotten anytime soon.

Rest easy, Shipmate. We have the Watch.

September 2020 Crossword Puzzle

By: LT Rommel Rabulan

Across

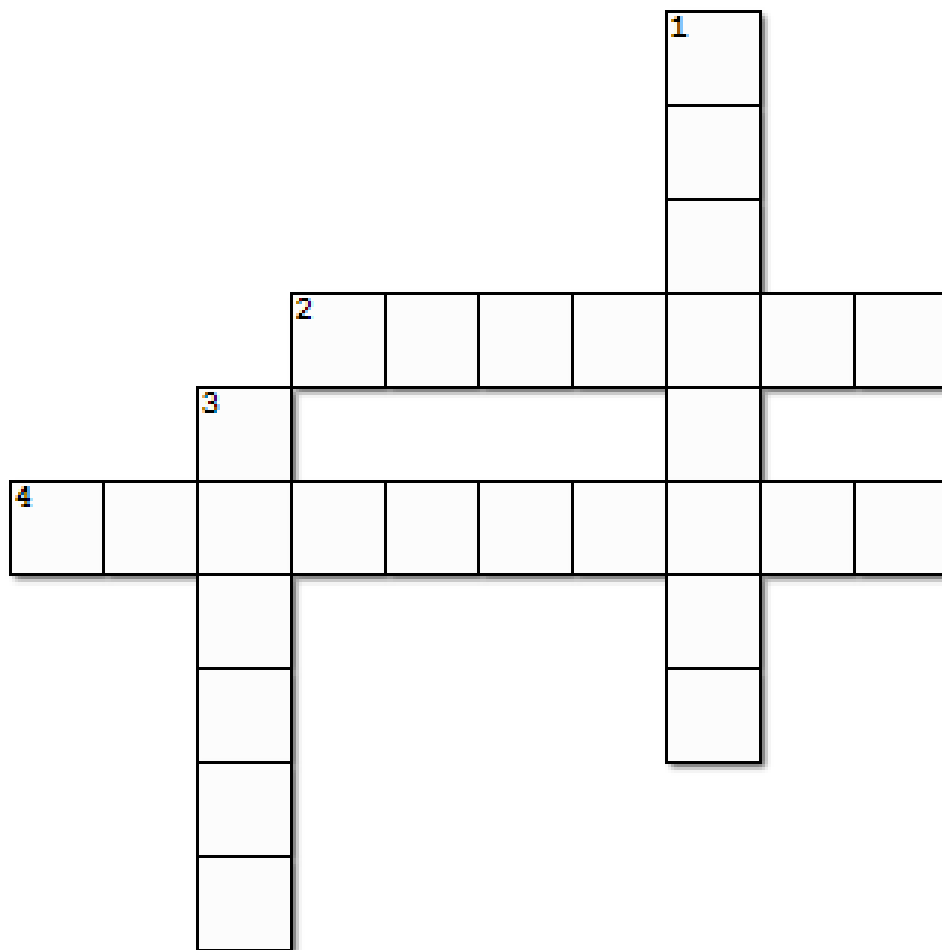
2 The Secretary of _____ has prohibited the use of official photographs for all Officer promotion selection boards and selection board processes pertaining to assignment, training, education and command

4 NAVADMIN: 247/20 - Elimination of the Display of the Officer _____ During Selection Boards

Down

1 The requirement to _____ an Officer photograph in the official service record will continue to exist in line with MILPERSMAN Article 1070-180, Officer Photographs

3 The point of contact for photo submission to Official Military Personnel File is Records Management and _____ (PERS-313)



Scan and email your answers to rommel.r.rabulan.mil@mail.mil. The winner will be recognized in the next edition of The Rudder.

U.S. NAVY MEDICAL SERVICE CORPS

Medical Service Corps Director RDML Timothy H. Weber MSC, USN

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The Medical Service Corps supports Navy Medicine's readiness and health benefits mission. It is the most diverse Officer Corps in Navy Medicine with 31 specialties organized under three major categories: Healthcare Administrators, Clinical Care Specialties, and Healthcare Scientists. There are over 3,000 active and reserve MSC Officers that serve at Military Treatment Facilities, on ships, with the Fleet Marine Force, with Seabee and special warfare units, in research centers and laboratories, in a myriad of staff positions with the Navy and Marine Corps, and with our sister services around the world.

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MANY SPECIALTIES - ONE CORPS!

